

1627

Filed:

March 29, 2000

Examiner:

Bennet Celsa

For:

INSULIN AND IGF-1 RECEPTOR AGONIST AND ANTAGONISTS

CERTIFICATE OF MAILING (37 C.F.R. §1.8(a))

Commissioner for Patents Washington, D.C. 20231

BOX: NON-FEE AMENDMENT

Sir:

I hereby certify that the attached:

Amendment and Response to Office Action, 90 pages;

Amendment Fee Transmittal, 2 pages;

Substitute Specification, Claims, and Abstract, 200 pages; 3.

Marked Copy Substitute Specification, Claims, and Abstract, 201 pages; 4.

Substitute Drawings (Figures 19 and 33), 2 sheets; 5.

Marked Copies Substitute Drawings, 2 sheets; 6.

7. Return Postcard;

along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, Washington, D.C., 20231, BOX: NON-FEE AMENDMENT.

> Respectfully submitted, MORGAN & FINNEGAN, L.L.P.

Dated: October 29, 2001

By: aryn DeHoratius

Registration No. 45,881

Correspondence Address:

MORGAN & FINNEGAN, L.L.P. 345 Park Avenue New York, NY 10154-0053 (212) 758-4800 Telephone

(212) 751-6849 Facsimile



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Micant(s): James BEASLEY et al.

Serial No.:

09/538,038

Group Art Unit:

1627

Filed:

March 29, 2000

Examiner:

Bennet Celsa

For:

INSULIN AND IGF-1 RECEPTOR AGONIST AND ANTAGONISTS

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents Washington, D.C. 20231

BOX: NON-FEE AMENDMENT

Sir:

Transmitted herewith is an Amendment for the above-identified application.

No additional fee is required.

The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | Highest No. Covered by Previous Payments | Extra | Rate | Additional Fee |
|---------------|---|--|-------|------------------|-------------------|
| Total Claims* | _ | | | \$18.00/\$9.00 | \$ |
| Independent | | | | | , |
| Claims | - | , | | \$84.00/ \$42.00 | \$ |
| | (If claims adde | | | | |
| Multiple | Claim(s) and th | | | | |
| Dependent | application before | | | | |
| Claims | (\$140.00 for small entity). | | | | \$ |
| | | | | TOTAL | \$ |

^{*}Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

| Small | entity | status | is c | or has | been | claimed |
|-------|--------|--------|------|--------|------|---------|
| | | | | | | |

| | Reduced Fees Under 37 C.F.R. §1.9(f) paid herewith \$ | | | | | |
|--------|---|--|--|--|--|--|
| | Charge fee to Deposit Account No. <u>13-4500</u> , Order No A DUPLICATE COPY OF THIS SHEET IS ATTACHED. | | | | | |
| | The Commissioner is hereby authorized to charge any additional fees which may be required for filing this amendment, including all fees pursuant to 37 CFR §1.17 for its timely consideration, or credit any overpayment to Deposit Account No. 13-4500, Order No. 1878-4051. A DUPLICATE COPY OF THIS SHEET IS ATTACHED. | | | | | |
| | Respectfully submitted, MORGAN & FINNEGAN, L.L.P. | | | | | |
| Dated: | October 29, 2001 By: Caryn DeHoratius Registration No. 45,881 | | | | | |
| Correc | nondence Address | | | | | |

MORGAN & FINNEGAN, L.L.P. 345 Park Avenue New York, NY 10154-0053 (212) 758-4800 Telephone (212) 751-6849 Facsimile

| | Reduced Fees Under 37 C.F.R. §1.9(f) paid herewith \$ | | | | |
|-------|---|--|--|--|--|
| | Charge fee to Deposit Account No. <u>13-4500</u> , Order No A DUPLICATE COPY OF THIS SHEET IS ATTACHED. | | | | |
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| | Respectfully submitted, MORGAN & FINNEGAN, L.L.P. | | | | |
| Dated | By: Caryn DeHoratius Registration No. 45,881 | | | | |

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